

To: Sandra Harrigan Fax No. (678) 775-3138 From Marybeth Gorman (215) 882-6047



TETRA TECH EM Inc.
Boothwyn Office

QUALITY CONTROL REVIEW SHEET

Update No. 3 for START
August 2006

Site/Project Name: <u>Smokey Mountain</u>		TDD Number: <u>103PX90170003.0001.0001.0</u>	
Site Lead: <u>Shultz, Mic.</u>		EPA WAM: <u>John Nolan</u>	Date Initiated: <u>4/13/09</u>
Document Title:		Date Due to Client: <u>4/16/09</u>	
Client (Office, Site, and/or Installation): <u>EPA</u>		Type of Product: Sampling Plan <input checked="" type="checkbox"/> Trip Report <input type="checkbox"/> After Action Report <input type="checkbox"/> PA/SA Report <input type="checkbox"/> HRS Package <input type="checkbox"/> Other (Specify): _____	Level of Review: Technical <input checked="" type="checkbox"/> Editorial <input checked="" type="checkbox"/> Proof <input checked="" type="checkbox"/> QCC <input checked="" type="checkbox"/> Complete Product <input checked="" type="checkbox"/> Changes Only <input type="checkbox"/>
Audience (Government Officials, Congress, Public, etc.):		Document Tracking: Document Tracking Number	

Special Quality Control Review Modifications, Restrictions, or Alternative Requirements Specified by the Client:

Technical Reviewer: S. Davis Due Date: 4/15/09 Review Date: _____ Signature: _____

TECHNICAL REVIEWER ITEMS	NOT APPLICABLE	NO CHANGES	SEE TEXT FOR CHANGES	PLEASE DISCUSS	COMMENTS (ATTACH ADDITIONAL COMMENTS)
Intended Scope Covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Adequacy and Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Data Validated/Calculations Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tables/Figures Supportive of Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recommendations Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conclusions Supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Editorial Reviewer: M. Gorman Due Date: 4/15/09 Review Date: 4/15/09 Signature: Marybeth Gorman

EDITORIAL REVIEWER ITEMS	NOT APPLICABLE	NO CHANGES	SEE TEXT FOR CHANGES	PLEASE DISCUSS	COMMENTS (ATTACH ADDITIONAL COMMENTS)
Overall Organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Format	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clarity, Consistency, and Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Logical Exposition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reference Lists and Citations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tables, Figures, and Calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Proofreader (Signature): _____ Financial Technical Review (Signature): _____

QCC Reviewer: S. Harrigan Due Date: 4/16/09 Review Date: 4/15 & 4/16/09

QCC Review Remarks	
Additional Changes or Rework of the document is Necessary	<input type="checkbox"/>
Additional Comments Attached	<input checked="" type="checkbox"/>
QCC Final Confirmation of Changes	
All Necessary Technical Reviewer Comments Incorporated or Answered	<input checked="" type="checkbox"/>
All Necessary Editorial Reviewer Comments Incorporated or Resolved	<input checked="" type="checkbox"/>
All Necessary Proofreader Changes Incorporated or Resolved	<input checked="" type="checkbox"/>
Date Document will be Delivered to Client: _____ Method of Delivery (FedEx, UPS, E-Mail, Hand): _____	
QCC Signature: <u>Sandra Harrigan</u>	QCC Signature Date: <u>4/16/09</u>



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